

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
_____ DIVISION

NICHOLAS / SHUTLAND

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

SUSAN WASHBURN

SUPERINTENDANT ECU
(Enter full name of ALL defendant(s))

Defendant(s).

Civil Case No. 2:19-cv-01496-AA
(to be assigned by Clerk of the Court)

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, NICHOLAS / SHUTLAND, declare that I am the plaintiff in the above-entitled proceeding. In support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor, and that I am entitled to the relief sought in the complaint or petition.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? ☒ Yes ☐ No

If "Yes," state the place of your incarceration: EASTERN OREGON CORRECTIONAL INSTITUTION

If "Yes" and you are filing a civil action or habeas corpus proceeding, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☐ Yes ☒ No ☐ Self-employed

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

- b. If the answer is "No," state:

Name of last employer: PUBLIC STORAGE

Address of last employer: 10315 SW PARKWAY BLVD, PORTLAND, OREGON

Date of last employment: NOVEMBER 9, 2012

Amount of take-home salary or wages: \$ 10.65 per hour (specify pay period)

3. Is your spouse employed? ☐ Yes ☐ No ☐ Self-employed ☒ Not applicable

- a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

- b. Do you have access to your spouse's funds to pay the filing fee in this case? ☐ Yes ☒ No

Please explain your answer below:

- c. If your spouse's income or assets are available to you to pay the filing fee in this case, would your spouse have enough money left to pay for his or her own expenses?

☐ Yes ☐ No If the answer is "No," please explain below:

N/A

4. In the past 12 months have you received any money from any of the following sources?

- a. Business, profession, or other self-employment ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

- b. Rent payments, interest, or dividends ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

c. Pensions, annuities, or life insurance payments ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

d. Disability or workers' compensation payments ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

e. Gifts or inheritances ☒ Yes ☐ No

If "Yes," state: Amount received: \$ 1,500

Amount expected in future: \$ 300 / mo

f. Any other sources ☐ Yes ☒ No

If "Yes," state: Source: _____

Amount received: \$ _____

Amount expected in future: \$ _____

5. Do you have cash or checking or savings accounts? ☒ Yes ☐ No
(including prison trust accounts)?

If "Yes," state the total amount: \$ 165.29

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property? ☐ Yes ☒ No

If "Yes," describe the asset(s) and state the value of each asset listed:

N/A

7. Do you have any other assets? ☐ Yes ☒ No

If "Yes," list the asset(s) and state the value of each asset listed:

N/A

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☐ Yes ☒ No

If "Yes," describe and provide the amount of the monthly expense:

N/A

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support:

N/A

10. Do you have any debts or financial obligations? ☐ Yes ☒ No

If "Yes," describe the amounts owed and to whom they are payable:

N/A

If I am incarcerated and filing a prisoner civil rights complaint, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court, payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint, in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

8-13-19
DATE


SIGNATURE OF APPLICANT

NICHOLAS SEVICK
PRINTED NAME OF APPLICANT

09/04/2019 10:44 DEPARTMENT OF CORRECTIONS Page 1 Of 4
 VANEPPSS OREGON DEPARTMENT OF CORRECTIONS OTRTASTA
 T R U S T A C C O U N T S T A T E M E N T 12.1.1.0.1.4 ODOC

DOC: 0018164094 Name: SHATLAW, NICHOLAS JAMES DOB: 12/01/1985
 LOCATION: EOCI-MHU-MH_06B

Max Date:
 ACCOUNT BALANCES Total : 127.83 CURRENT: 127.83 HOLD: 0.00

02/19/2019 08/19/2019

SUB ACCOUNT	START BALANCE	END BALANCE
INMATE SPENDING ACCOUNT	288.47	165.29
TRANSITIONAL SAVINGS	28.97	113.34

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE-OFF AMT
EOCIA	EOCI POSTAGE ADVANCE	12112018	0.00	2.47	0.00
SRCIA	SRCI POSTAGE ADVANCE	12312014	0.00	4.03	0.00
COPA	COPY ADVANCE	05052014	0.00	5.80	0.00
FDISA	DISCIPLINARY FINES ADVANCE	05202013	0.00	225.00	0.00
OCICA	OCIC POSTAGE ADVANCE	03292013	0.00	18.95	0.00
OPTA	OPTICAL ADVANCE	04152013	0.00	76.50	0.00

TRANSACTION DESCRIPTION --

COURT ORDERED OBLIGATIONS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT
------	------	-------------------------	-----------------

TRANSACTION DESCRIPTIONS --

INMATE SPENDING SUB-ACCOUNT ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
02/20/2019	CRS	CRS SAL ORD #8041468	(6.18)	282.29
02/22/2019	2732	Payable TELMATE Phone System	(5.00)	277.29
02/25/2019	CRS	CRS SAL ORD #8046772	(38.78)	238.51
03/01/2019	2732	Payable TELMATE Phone System	(10.00)	228.51
03/01/2019	CDR	RIGHT STUF	(77.38)	151.13
03/01/2019	CDR	KINOKUNIYA	(59.94)	91.19
03/05/2019	CRS	CRS SAL ORD #8057775	(35.77)	55.42
03/05/2019	CRS	CRS SAL ORD #8057786	(4.25)	51.17
03/11/2019	CRS	CRS SAL ORD #8064860	(34.06)	17.11
03/12/2019	2739	Payable EOCI Sewing Program	(4.25)	12.86
03/13/2019	DEP	TERRI PERRY	300.00	312.86
03/13/2019	DED	Deduction-TRSA-29-JUN-18 D D	(15.00)	297.86
03/13/2019	DED	Deduction-CLR-03082013 D D	(40.00)	257.86
03/13/2019	DED	Deduction-CLR-03082013 D D	40.00	297.86
03/15/2019	INT1	Interest Distribution	0.32	298.18

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OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.4 ODOC

DOC: 0018164094 Name: SHATLAW, NICHOLAS JAMES

DOB: 12/01/1985

LOCATION: EOCI-MHU-MH_06B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
03/15/2019	DED	Deduction-TRSA-29-JUN-18 D D	(0.02)	298.16
03/18/2019	CRS	CRS SAL ORD #8076222	(27.00)	271.16
03/19/2019	CRS	CRS SAL ORD #8079115	(75.31)	195.85
03/20/2019	CRS	CRS SAL ORD #8081597	(78.00)	117.85
03/25/2019	CRS	CRS SAL ORD #8085725	(49.42)	68.43
03/26/2019	CDR	ERHBC	(35.85)	32.58
03/26/2019	CDR	KINOKUNIYA	(8.00)	24.58
04/03/2019	EOCIS	EOCI Postage Sales	(2.80)	21.78
04/04/2019	CSR	CSR SAL ORD #8081597	78.00	99.78
04/04/2019	CSR	CSR SAL ORD #8076222	27.00	126.78
04/04/2019	AWD	AWARDS 03/2019 EOCI	36.10	162.88
04/04/2019	DED	Deduction-TRSA-29-JUN-18 D D	(1.81)	161.07
04/04/2019	DED	Deduction-CLR-03082013 D D	(18.05)	143.02
04/04/2019	DED	Deduction-CLR-03082013 D D	18.05	161.07
04/05/2019	2723	Eyeglass Recycling Sale	(3.00)	158.07
04/08/2019	CRS	CRS SAL ORD #8103210	(91.93)	66.14
04/12/2019	INTL	Interest Distribution	0.22	66.36
04/12/2019	DED	Deduction-TRSA-29-JUN-18 D D	(0.01)	66.35
04/16/2019	CRS	CRS SAL ORD #8116989	(46.73)	19.62
04/17/2019	DEP	TERRI PERRY	300.00	319.62
04/17/2019	DED	Deduction-TRSA-29-JUN-18 D D	(15.00)	304.62
04/17/2019	DED	Deduction-CLR-03082013 D D	(21.95)	282.67
04/17/2019	DED	Deduction-CLR-03082013 D D	21.95	304.62
04/18/2019	CRS	CRS SAL ORD #8120772	(27.00)	277.62
04/22/2019	CRS	CRS SAL ORD #8123348	(52.80)	224.82
04/22/2019	CRS	CRS SAL ORD #8125720	(78.00)	146.82
04/22/2019	CSR	CSR SAL ORD #8125720	78.00	224.82
04/30/2019	CRS	CRS SAL ORD #8134603	(49.05)	175.77
05/02/2019	REFDEP	ERHBC	11.95	187.72
05/06/2019	CRS	CRS SAL ORD #8140205	(49.51)	138.21
05/06/2019	2732	Payable TELMATE Phone System	(20.00)	118.21
05/09/2019	AWD	AWARDS 04/2019 EOCI	32.30	150.51
05/09/2019	DED	Deduction-TRSA-29-JUN-18 D D	(1.62)	148.89
05/09/2019	DED	Deduction-CLR-03082013 D D	(16.15)	132.74
05/09/2019	DED	Deduction-CLR-03082013 D D	16.15	148.89
05/14/2019	CRS	CRS SAL ORD #8151799	(47.66)	101.23
05/17/2019	INTL	Interest Distribution	0.35	101.58
05/17/2019	DED	Deduction-TRSA-29-JUN-18 D D	(0.02)	101.56
05/20/2019	CRS	CRS SAL ORD #8160689	(31.65)	69.91

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OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.4 ODOC

DOC: 0018164094 Name: SHATLAW, NICHOLAS JAMES

DOB: 12/01/1985

LOCATION: EOCI-MHU-MH_06B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
05/20/2019	2732	Payable TELMATE Phone System	(10.00)	59.91
05/21/2019	DEP	TERRI PERRY	300.00	359.91
05/21/2019	DED	Deduction-TRSA-29-JUN-18 D D	(15.00)	344.91
05/21/2019	DED	Deduction-CLR-03082013 D D	(23.85)	321.06
05/21/2019	DED	Deduction-CLR-03082013 D D	23.85	344.91
05/21/2019	2732	Payable TELMATE Phone System	(50.00)	294.91
05/29/2019	CRS	CRS SAL ORD #8173319	(5.22)	289.69
05/29/2019	CRS	CRS SAL ORD #8173322	(5.60)	284.09
05/29/2019	2732	Payable TELMATE Phone System	(200.00)	84.09
06/03/2019	CRS	CRS SAL ORD #8178015	(14.28)	69.81
06/06/2019	AWD	AWARDS 05/2019 EOCI	36.10	105.91
06/06/2019	DED	Deduction-TRSA-29-JUN-18 D D	(1.81)	104.10
06/06/2019	DED	Deduction-CLR-03082013 D D	(18.05)	86.05
06/06/2019	DED	Deduction-CLR-03082013 D D	18.05	104.10
06/10/2019	CDR	KINOKUNIYA	(67.94)	36.16
06/10/2019	EOCIS	EOCI Postage Sales	(5.66)	30.50
06/11/2019	CRS	CRS SAL ORD #8189766	(30.25)	0.25
06/14/2019	DEP	TERRI PERRY	300.00	300.25
06/14/2019	DED	Deduction-TRSA-29-JUN-18 D D	(15.00)	285.25
06/14/2019	DED	Deduction-CLR-03082013 D D	(21.95)	263.30
06/14/2019	DED	Deduction-CLR-03082013 D D	21.95	285.25
06/14/2019	INT1	Interest Distribution	0.46	285.71
06/14/2019	DED	Deduction-TRSA-29-JUN-18 D D	(0.02)	285.69
06/17/2019	CRS	CRS SAL ORD #8198329	(44.97)	240.72
06/25/2019	CRS	CRS SAL ORD #8209594	(42.70)	198.02
07/01/2019	CRS	CRS SAL ORD #8212982	(48.54)	149.48
07/03/2019	CRS	CRS SAL ORD #8219513	(43.75)	105.73
07/04/2019	AWD	AWARDS 06/2019 EOCI	39.90	145.63
07/04/2019	DED	Deduction-TRSA-29-JUN-18 D D	(2.00)	143.63
07/04/2019	DED	Deduction-CLR-03082013 D D	(19.95)	123.68
07/04/2019	DED	Deduction-CLR-03082013 D D	19.95	143.63
07/08/2019	2732	Payable TELMATE Phone System	(10.00)	133.63
07/09/2019	CRS	CRS SAL ORD #8226378	(40.88)	92.75
07/09/2019	LCPRRS	LEGAL COPY PUB REQUEST SALE eo	(2.50)	90.25
07/12/2019	INT1	Interest Distribution	0.52	90.77
07/12/2019	DED	Deduction-TRSA-29-JUN-18 D D	(0.03)	90.74
07/15/2019	CRS	CRS SAL ORD #8234424	(44.43)	46.31
07/17/2019	2732	Payable TELMATE Phone System	(10.00)	36.31
07/23/2019	CRS	CRS SAL ORD #8248455	(27.02)	9.29

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OREGON DEPARTMENT OF CORRECTIONS

OTRTASTA

T R U S T A C C O U N T S T A T E M E N T

12.1.1.0.1.4 ODOC

DOC: 0018164094 Name: SHATLAW, NICHOLAS JAMES

DOB: 12/01/1985

LOCATION: EOCI-MHU-MH_06B

Max Date:

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
07/24/2019	DEP	TERRI PERRY	300.00	309.29
07/24/2019	DED	Deduction-TRSA-29-JUN-18 D D	(15.00)	294.29
07/24/2019	DED	Deduction-CLR-03082013 D D	(20.05)	274.24
07/24/2019	DED	Deduction-CLR-03082013 D D	20.05	294.29
07/25/2019	2732	Payable TELMATE Phone System	(100.00)	194.29
07/29/2019	CRS	CRS SAL ORD #8255193	(38.05)	156.24
08/06/2019	CRS	CRS SAL ORD #8266233	(11.51)	144.73
08/08/2019	AWD	AWARDS 07/2019 EOCI	39.90	184.63
08/08/2019	DED	Deduction-TRSA-29-JUN-18 D D	(2.00)	182.63
08/08/2019	DED	Deduction-CLR-03082013 D D	(19.95)	162.68
08/08/2019	DED	Deduction-CLR-03082013 D D	19.95	182.63
08/12/2019	CRS	CRS SAL ORD #8273326	(17.90)	164.73
08/16/2019	INT1	Interest Distribution	0.59	165.32
08/16/2019	DED	Deduction-TRSA-29-JUN-18 D D	(0.03)	165.29

TRANSACTION DESCRIPTIONS --

TRANSITIONAL SUB-ACCOUNT
SAVINGS

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
03/13/2019	DED	Deduction-TRSA-29-JUN-18 D D	15.00	43.97
03/15/2019	DED	Deduction-TRSA-29-JUN-18 D D	0.02	43.99
04/04/2019	DED	Deduction-TRSA-29-JUN-18 D D	1.81	45.80
04/12/2019	DED	Deduction-TRSA-29-JUN-18 D D	0.01	45.81
04/17/2019	DED	Deduction-TRSA-29-JUN-18 D D	15.00	60.81
05/09/2019	DED	Deduction-TRSA-29-JUN-18 D D	1.62	62.43
05/17/2019	DED	Deduction-TRSA-29-JUN-18 D D	0.02	62.45
05/21/2019	DED	Deduction-TRSA-29-JUN-18 D D	15.00	77.45
06/06/2019	DED	Deduction-TRSA-29-JUN-18 D D	1.81	79.26
06/14/2019	DED	Deduction-TRSA-29-JUN-18 D D	15.00	94.26
06/14/2019	DED	Deduction-TRSA-29-JUN-18 D D	0.02	94.28
07/04/2019	DED	Deduction-TRSA-29-JUN-18 D D	2.00	96.28
07/12/2019	DED	Deduction-TRSA-29-JUN-18 D D	0.03	96.31
07/24/2019	DED	Deduction-TRSA-29-JUN-18 D D	15.00	111.31
08/08/2019	DED	Deduction-TRSA-29-JUN-18 D D	2.00	113.31
08/16/2019	DED	Deduction-TRSA-29-JUN-18 D D	0.03	113.34

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DISPLAY TRUST ACCOUNTS - (OTIDTACC)

SID#	Last Name	First Name	Middle Name	[DOB]	Age	Gender	Alerts
0018164094	SHATLAW	NICHOLAS	JAMES	12/01/1985	33	MALE	
BKG#	Facility	Status	In/Out	Reason	Security Level	Ind	
	EOCI [MHU-MH_06B]	ACTIVE-IN	In		Unclass		

Offender Sub Accounts

Account Code	Type	Description	Total Balance	Available Balance	Balance On Hold	Indigent Since	Days Remaining
2101	REG	Inmate Spending Account	14.49	14.49		05/19/2013	0
2102	SAV	Inmate General Savings	0.00	0.00			
2103	UNI	Inmate Savings Unigroup	0.00	0.00			
Totals			127.83	127.83			

Indigent ☒
Closed Account ☐
Disb. Freeze ☐

Offender Payables

Type	Description	Created	Info Number	Original Amt	Total Paid	Write off Amt	Total Owing	Fix	Mth	Act
EOCIA	EOCI POSTAGE ADV	ODOC	12112018	2.47	2.47	0.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SRCIA	SRCI POSTAGE ADV	ODOC	12312014	4.03	4.03	0.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OPTA	OPTICAL ADVANCE	ODOC	04152013	76.50	76.50	0.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Payables Summary

Credit Obligations	Total	332.75	Paid	332.75	Write-offs	0.00	Owing	0.00
Fixed Amount Obligations	Total	0.00	Paid	0.00			Owing	0.00

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My Offenders My Work My Calendar Offender Updates Offender Detail

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Stan Epps 09.4.19
 DEPARTMENT OF CORRECTIONS
 EOCI Business Office

Inmate Trust Account**Records Request**

Date of Request	8-13-19	Facility	EDCI	Unit / Bunk	F2-6B
Inmate Name	SINCLAIR	Room	111	SID Number	18154094

Purpose of Request:

☒ Legal Priority (Complete sections A & C)
☐ General (Complete section B & C)

I request a printout of my inmate trust account statement for the time period indicated in section C. This request is made in accordance with the express order of:

The court you are filing in:

☐ The _____ County Circuit Court
☐ The Oregon Court of Appeals
☐ The Oregon Supreme Court
☐ The United States District Court
☐ The United States Court of Appeals for the Ninth Circuit
☒ The United States Supreme Court
☐ Other: _____

Type of document to be filed with the court:

☐ Application for In Forma Pauperis
☐ Civil Rights Complaint (1983)
☒ Federal Habeas Corpus
☐ Mandamus Circuit Court
☐ Mandamus Supreme Court
☐ Post-Conviction Petition
☐ State Habeas Corpus
☐ Writ of Certiorari
☐ Other: _____

Case Number (if known): _____

B I request a printout of my inmate trust account statement for the time period indicated in section C for the purpose of:

☐ Replacement statement ☐ Other reason: _____


C 6 months is: 8-19-19 → 8-19-19

Time Period(s) Requested	Beginning Date	End Date	Pages (Staff Use Only)
	8/19/18	8/19/19	5

You will be charged according to Trust Rule 291-158-0015 at the rate of .50/page. If you do not have sufficient funds or the request is not deemed legal priority, the request will be denied.

I understand that in signing this inmate account statement request, I have consented to the withdrawal of funds from my account by the Oregon Department of Corrections in the amount stated on the request. I also understand and agree that if sufficient funds are not available in my account at the time this withdrawal request is presented to the Department's Central Trust office (or field office) for processing, the Department has my consent to continue to withdraw funds that may in the future be deposited into my account, without prior notice or hearing, until it has recovered funds sufficient to satisfy the amount stated on the withdrawal request.

Inmate Signature: _____

Library Coordinator Review			
		PRIORITY LEGAL	
<input checked="" type="checkbox"/> Request approved, meets legal priority criteria.		<input type="checkbox"/> Request denied, does not meet legal priority criteria.	
* If approved, a certified copy of the trust account will be provided.			
D Inmate Financial Services Staff Use Only			
<input checked="" type="checkbox"/> Approved / Inmate trust account statement attached. <input type="checkbox"/> Denied / Inmate does not have sufficient funds for request (and is <u>not</u> legal priority).	Total number of pages produced		5
	Charge per page		\$.50
	Total amount to be charged to inmate's trust account		\$ 2.50
Staff responding to request	Stan Epps, EDCI Bus		Date 9.4.19

CERTIFICATE

(To be completed by the institution of incarceration.)

I certify that Nicholas Shatlaw #18164094 (name of applicant) has the sum of \$ 165.29
on account to his/her credit at Eastern OR Corr. Inst. / DOC (name of institution). I
further certify that during the past six months the applicant's average monthly balance was \$ 160.41.
I further certify that during the past six months the average of monthly deposits to the applicant's account
was \$ 280.71.

**I have attached a certified copy of the applicant's trust account statement showing the transactions
for the past six months.**

Sept 4, 2019
DATE

Sivan Epps, EDCI Bus.
SIGNATURE OF AUTHORIZED OFFICER